MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 574921	04-07-06

APPLICANT(S)

Article 19 — CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	✓					51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27							77						
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34							84						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						